

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012938 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 02/28/2023 |
| NAME OF PROVIDER OR SUPPLIER BICKFORD OF GREENWOOD | | STREET ADDRESS, CITY, STATE, ZIP CODE 3021 STELLA DRIVE GREENWOOD, IN 46143 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| {R 000} | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00398786 completed on January 10, 2023.</p> <p>Complaint IN00398786 - Corrected.</p> <p>Survey date: February 28, 2023</p> <p>Facility number: 012938</p> <p>Residential Census: 38</p> <p>Bickford of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00398786.</p> <p>Quality review completed March 1, 2023.</p> | {R 000} | | |

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE